Results were similar in theITT population (HER2+ or HER2- patients). CONCLUSIONS: Utility values for patients with HER2+ MBC are generally similar for patients receiving letrozole plus lapatinib or letrozole plus placebo. Post-progression utility values were based largely on a single assessment for each patient and may not be representative of patient utility during all post-progression survival.

IMPACT OF AN INDIVIDUAL’S LOCUS OF CONTROL ON UTILITY AMONGST KOREAN METASTATIC BREAST CANCER PATIENTS: A MULTICENTRE, CROSS-SECTIONAL STUDY

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OBJECTIVES: The determinants of utilities for health are largely unknown. The psychosocial construct Locus of control (LOC) describes the extent to which individuals feel their health is determined by their actions, by a powerful external figure, or by chance. LOC is associated with health-related quality of life among cancer patients but its impact on utilities has not been examined. The objective was to estimate the effect of LOC on utilities for head and neck cancer (HNC) health states among Canadians without cancer. METHODS: A convenience sample of respondents without cancer was recruited according to the age- and sex-distribution of Canada in Vancouver and Toronto. Standard gamble utilities were elicited for health states describing HNC stage and type. Standardized health state descriptions were based on literature review, trial data, and feedback from clinicians experienced in HNC treatment and quality-of-life researchers. Respondents completed the validated Multidimensional Health LOC scale. Mixed regression models were used to determine associations between interval locus of control scores and utilities, adjusting for demographic variables, HNC stage and type. RESULTS: Utility values were elicited from 101 respondents with a mean age of 47 years (48% male). Mean utilities were: 0.62 for locoregional laryngeal, 0.61 for locoregional non-laryngeal, 0.57 for recurrent non-laryngeal, 0.52 for metastatic non-laryngeal and 0.50 for metastatic laryngeal, and 0.34 for post-progression, HNC. There was suggestive evidence that LOC was associated with utilities (P = 0.079). Respondents who had a dominant Chance LOC-rated health states significantly lower (P = 0.012) for every one unit increase on the Chance subscale, there was a decrement of 0.011 in mean utility value. CONCLUSIONS: This evidence indicates that LOC is a determinant of utilities for head and neck cancer health states. Replicating these findings in other populations and diseases would shed insight into the psychosocial determinants of preferences.

EVALUATION OF QUALITY OF LIFE FOR ANTI-CANCER TREATMENT AMONGST KOREAN METASTATIC BREAST CANCER PATIENTS: A MULTICENTER CROSS-SECTIONAL STUDY

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OBJECTIVES: This research is designed to reveal Quality of life of Korean patients with metastatic breast cancer for cancer treatments. METHODS: This is a multicenter, cross-sectional study in breast cancer patients receiving palliative chemotherapy. Total 199 patients with metastatic breast cancer were interviewed from 4 centers. Clinical, socio-demographic, and quality of life data were collected. Subjects completed a face-to-face interview with trained interviewer to assess their health status for breast cancer treatment. Patients recalled the before diagnosis status under current situation. we used the three methods to evaluate the health status; EORTC QLQ-C30, BR-23, EQ-5D. RESULTS: Overall utility weights for EORTC QLQ C30 and EQ-SD was 0.81 and 0.78 respectively(before diagnosis). It is higher than those of current (EORTC QLQ-C30: 0.34, EQ-SD: 0.60), the patients who are before diagnosis estimated higher functioning score compared to current. (physical functioning scale; before cancer: 92.8, current 65.3) The higher the score is, the better patients’ function is. Symptom scale scores are the similar with functioning scale scores. The higher the score is, the worse the symptom is. Before cancer status has lower symptom scale scores than current. (fatigue symptom scale; Before cancer: 25.2, current: 48.5) BR 23 scale, there were deteriorations in patients for all domains compared to scores of before diagnosis (appointment): 0.54, 0.60, 0.54, 0.52 respectively. CONCLUSIONS: There are few study of Quality of life in breast cancer patients. It is meaningful that this study provided the utility weights for breast cancer patients in Korea.